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# WISCONSIN MEDICAID UPDATE

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September 17, 1996

UPDATE 96-32

TO:

County/Tribal Aging Units

County Departments of:

Community Programs

Human Services

Social Services

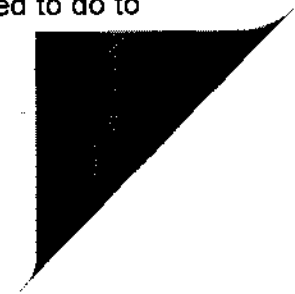
Nursing Homes

## **More on Denture Coverage Changes Affecting Medicaid Recipients**

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Wisconsin Medicaid wants to give you more information about the recent changes in Wisconsin Medicaid denture coverage that affect Medicaid recipients.

For that reason, please review the attached *Update* that we sent to dentists. In the attached *Update*, we explain what dentists need to do to receive retroactive payment for prosthodontic services provided on and after October 1, 1995.



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# WISCONSIN MEDICAID UPDATE

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AUGUST 22, 1996

UPDATE 96-30

TO:  
Dentists

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## Prosthodontic Services Retroactive Payment - Effective October 1, 1995

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### Prosthodontic coverage restored and retroactive payment possible

1995 Wisconsin Act 164 contains two provisions which affect dentists who provide prosthodontic services. The new law:

- ✓ restores Medicaid coverage for fixed and removable prosthodontic services effective April 1, 1996
- ✓ mandates retroactive payment to dentists for prosthodontic services performed between October 1, 1995, and ending March 31, 1996, if certain conditions are met (Wisconsin Medicaid must make these payments by June 30, 1997.)

In April 1996, we informed you of these provisions through the cover letter that accompanied the revised dental handbook (Part B).

### Conditions that must be met for retroactive payment

Wisconsin Act 164 requires that dentists be paid for prosthodontic services performed between October 1, 1995, and March 31, 1996, if *all* the following conditions are met:

- ✓ the recipient (or family member or legal representative) previously paid for the prosthodontic services
- ✓ the provider reimbursed the recipient in full
- ✓ the dentist agrees to accept Medicaid payment for the services

### How to submit claims for retroactive payment

If the conditions above have been met, you may submit a claim and necessary documentation for retroactive payment to:

EDS  
Attn: Late Billing, Suite 50  
Madison, WI 53784-0050

Use the ADA claim form. Wisconsin Medicaid will not accept electronic claims for retroactive prosthodontic payment.

Complete and attach the "Prosthodontic Services Documentation" form (Attachment 1) to the claim. The performing dentist or authorized billing staff member must sign the "Prosthodontic Services Documentation" form. The signature indicates the provider's agreement to accept the Medicaid

maximum allowable fee for the prosthodontic services provided.

Also, attach the following supporting documentation:

1. recipient payment - represented by a copy of a receipt or other statement to the recipient clearly identifying the services rendered, the amount billed, and amount paid by the recipient
2. reimbursement to the recipient - represented by a copy of a canceled check or an amount credited on a charge card statement

Providers may not retain a portion of the recipient's payment to make up the difference between their charges and Medicaid payment.

### **How claims for retroactive payment will be reviewed**

EDS will refer claims for retroactive payment of prosthodontic services to the Medicaid dental consultant, who will review the claims and supporting documentation.

The dental consultant will apply Medicaid policies regarding covered procedures, limitations, recipient copayment, and reimbursement rates to the claims. Wisconsin Medicaid will *not* apply prior authorization requirements to these claims.

The dental consultant will either:

- ✓ approve the claim and Wisconsin Medicaid will pay the claim in the usual manner

OR

- ✓ deny the claim if it does not meet Medicaid requirements for retroactive payment for prosthodontic services

## **If you are affiliated with a Medicaid HMO**

You must seek payment from a Medicaid HMO if all of the following applies:

1. You are affiliated with a Medicaid HMO.
2. You want to receive retroactive payment.
3. You provided prosthodontic services to Medicaid enrollees between October 1, 1995, and March 31, 1996.

## **Retroactive payment applies to prosthodontic services for nursing home residents**

If you provided prosthodontic services between October 1, 1995 until April 1, 1996, for Medicaid recipients who reside in a nursing home and you wish to submit a claim for retroactive payment, you may do so in the same manner as for recipients not residing in nursing homes. If you have questions regarding dental services for Medicaid recipients in nursing homes, call the BHCF policy analyst at (608) 267-7849.

### **What's new...**

Wisconsin Medicaid is in the Department of Health and Family Services (DHFS) formerly known as the Department of Health and Social Services.

If you happen to be out "surfing" the Internet and feel like visiting the DHFS Web site, you can find it at this address:

<http://www.dhfs.state.wi.us/>

POH 1521

## Prosthodontic Services Documentation

### Prosthodontic Services Documentation

1995 Wisconsin Act 164 reinstates coverage of removable and fixed prosthodontic services performed during the period beginning on October 1, 1995, and ending on March 31, 1996, if the following conditions are met:

1. The patient (family member or legal representative) paid the provider for the services.
2. The provider provides proof to the Department of Health and Family Services that the provider has reimbursed the patient in full.
3. The provider agrees to accept payment for the services under the Medicaid program.

(Providers may not retain a portion of the recipient's payment to make up the difference between their charges and Medicaid payment.)

The attached claim requests payment for prosthodontic services provided during the period October 1, 1995 - March 31, 1996. These services were previously paid [REDACTED] by the recipient; however, the provider of service has voluntarily reimbursed the recipient in full for these procedures and now agrees to accept the Medicaid payment as payment in full.

The following documentation is attached for your review:

1. A receipt (or other statement) to the recipient (or family member) for paid amounts that clearly identifies the services rendered and the amount billed and amount paid.
2. Documentation that clearly identifies the recipient and the amount reimbursed to the recipient (i.e., canceled check, credit card statement, etc.).

Signature of provider (or authorized staff from the dental office):

Signature:

Date:

Submit this form with your claim and all necessary documentation for retroactive payment to: EDS

Attn: Late Billing, Suite 50  
Madison, WI 53784-0050